

CATEGORY I

VISUAL ACUITY

1. Visual acuity and peripheral vision guidelines for functional ability profiles are as shown.
2. Correction of vision may be either with regular glasses or with contact lenses, provided they are used at all times when driving. Profiles based upon use of a visual correction should be identified by the suffix "C".
3. Some of the eye conditions requiring special consideration, but which have no set standards, are listed below. Persons with these conditions may drive if they meet the criteria for acuity and fields.
4. **COLOR VISION:** People who are completely color blind usually suffer from poor visual acuity and possible associated visual field loss. Red-green color discrimination is not important because of traffic light standardization, except in the case of commercial intrastate drivers, who by federal requirement, must be able to recognize standard colors of red, green and amber.
5. **DARK ADAPTATION:** Dark adaptation and glare tolerance are important for safe twilight and night driving, but methods of measurement and standards are not well established. However, individuals with cataracts, retinal abnormalities, chronic pupillary abnormalities, or other known causes of glare intolerance or poor dark adaptation should be carefully evaluated before being recommended for unrestricted licensure. Under certain conditions, a profile for daytime driving only may be recommended.
6. **HETEROPHORIA** can occasionally be a cause of driver fatigue. In more severe conditions, it may lead to blurred vision, diplopia or suppression of vision in one eye. A strabismic person, if diplopia (double vision) is not present, may be regarded as a one-eyed driver. A person with persisting diplopia may be licensed only on the basis of specific medical recommendations.
7. **STEREOPSIS** is only important in distances up to 75 feet and therefore relates more to parking, backing and following closely in city traffic. The best method for testing depth perception on the highway is the driver license examiner's road test.
8. **MONOCULAR VISION:** A person with vision with one eye or correctable vision in one eye to 20/40 may drive non-commercial vehicles. Side mirrors are not required because they are not considered adequate compensatory devices. In certain circumstances a driver with monocular vision may be approved by the Medical Advisory Board for a commercial intrastate license.
9. **REFRACTIVE STATES:** Myopia (near-sightedness), hyperopia (far-sightedness) and astigmatism (distorted, but constant for all viewing distances) can usually be corrected with glasses or contact lenses and need not be considered as problems. Likewise, presbyopia (inability to focus clearly at near) is natural to aging and is not of licensing concern if compensated.
10. **TELESCOPIC LENS:** When a person uses a telescopic lens, the visual field is decreased to an extent that the wearer is not qualified to drive. A telescope should not be used when testing the visual acuity for profiling the driver.
11. **CHRONIC AND RECURRENT DISEASE,** including nystagmus, glaucoma, cataracts, ptosis, corneal disorders, pupillary action, retinal changes and aphakia, are significant in that they usually produce changes in the visual acuity or visual fields.
12. **VISUAL FIELDS:** Recent research demonstrates that intact peripheral vision is important for safe driving. An adequate visual field for an unrestricted passenger license is defined as 90° on the horizontal meridian, 45° to both the right and left, and 20° on the vertical meridian both above and below fixation. If the patient has pathology that may affect the visual fields, such as glaucoma, retinitis pigmentosa, post panretinal photocoagulation, or cataracts, formal visual field testing using a Goldmann III-4-e object or its equivalent for automated perimetry, such as the Esterman test on the Humphrey perimeter, may be helpful in determining the extent of visual field impairment. A person with a homonymous hemianopia or a bilateral quadrantanopsia is at increased risk for accidents and should be reviewed by the Medical Advisory Board.

